

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-025584**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6975 Registrar's No. 233

**FILED JUN 19 1963**

VS 300  
Rev. 4/59

1 0940

2 1101

3

4 0

5 3

6

7 0

8 3

9 4200

10

11

12 86-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington - RURAL</b>		Length of stay, in 1b <b>11 Months</b>	c. CITY OR TOWN <b>Potosi</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thomas Dell Nursing Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>105 Cordia</b>
3. NAME OF DECEASED (Type or print) First <b>Bert</b> Middle <b>Smith</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>June</b> Day <b>8</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>1-23-1895</b>
9. AGE (last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stave Mill</b>	11. BIRTHPLACE (City and state or country) <b>Reynold Co., Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Kirby Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Cordia Turner</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of <b>no</b> )		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Fay Dunlap</b>		Address <b>Potosi, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ARTERIOSCLEROTIC HEART DISEASE &amp; FAILURE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bronchopneumonia</b>			<b>2 days.</b>
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>8-1-62</b> to <b>6-8-63</b> and last saw him alive on <b>6-8-63</b>		Death occurred at <b>2:55 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>C. E. Carleton MD</b>		22b. ADDRESS <b>Farmington, MO</b>	22c. DATE SIGNED <b>6-11-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 11, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Masonic</b>	23d. LOCATION (City, town, or county) (State) <b>Potosi, Missouri</b>
24. FUNERAL DIRECTOR <b>Donald Sparks</b>	ADDRESS <b>Potosi, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>June 11, 1963</b>	26. REGISTRAR'S SIGNATURE <b>Esther Rusloff</b>

USE BLACK INK OR TYPEWRITER RIBBON

JUN 20 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ronald Sparks*

Licensed Embalmer No.

*4819*

P. O. Address

*Kotasi, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.